

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Ledlie, Jon T. MD

Mailing Address

700 Olympic Plaza Suite 850

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Date of Receipt

11/24/2008

Amount of Each Receipt this Period

501.00

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,837.00

Full Name (Last, First, Middle Initial)

B. Michaels, James P. MD

Mailing Address

8110 S. Fleishel

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Date of Receipt

11/24/2008

Amount of Each Receipt this Period

941.00

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2,126.00

Full Name (Last, First, Middle Initial)

C. Rentro, Mark B. MD

Mailing Address

700 Olympic Plaza Suite 850

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Date of Receipt

11/24/2008

Amount of Each Receipt this Period

744.00

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,681.00

SUBTOTAL of Receipts This Page (optional).....

2,186.00

TOTAL This Period (last page this line number only).....

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